

Provider Home Page

Whether caring for a patient who has been recently diagnosed with an advanced illness or standing by the bedside of a patient living their last moments, providing patient-centered and quality care is a fundamental role as a provider.

The practice of palliative care is no different.

As a provider, offering palliative care is like adding an additional blanket of care that creates a sense of trust between you, your patient, and the patient's family. Palliative care is being able to look beyond the scope of treatment and approaching a holistic view - that encompasses pain management, social, spiritual, and behavioral health - of the patient.

A misconception of palliative care is that it is synonymous with end-of-life care (hospice). Palliative care is a patient-centered and family-focused care that provides an adult or child, **of any age**, with relief from symptoms, pain, and stress of a serious illness.

Palliative care can be described as two branches:

1. Supportive Palliative Care (SPC)*
 - a. This team-based care is designed to relieve suffering and improve the quality of life for patient and families facing a serious though not necessarily life-ending illness. This also includes receiving curative treatment and comfort care at the same time.
2. Hospice Care*
 - a. Hospice, or end-of-life care, addresses the life-ending stage of a serious illness when no further curative or life-prolonging therapy is available or desired to be pursued by an adult patient or family member.

*(*These would be drop down tabs with the definition and could take you to the patient website for more information.)*

*It is important to note, that hospice care for adults differs from hospice care for children.

Why does palliative care matter in Texas?

In 2014, only 43% of Texas hospitals with 50 or more beds offered organized SPC services, which was far below the national rate of 67%.

Through the work of the [Palliative Care Interdisciplinary Advisory Council \(PCIAC\)](#) and other key stakeholders, the need in expanding services and

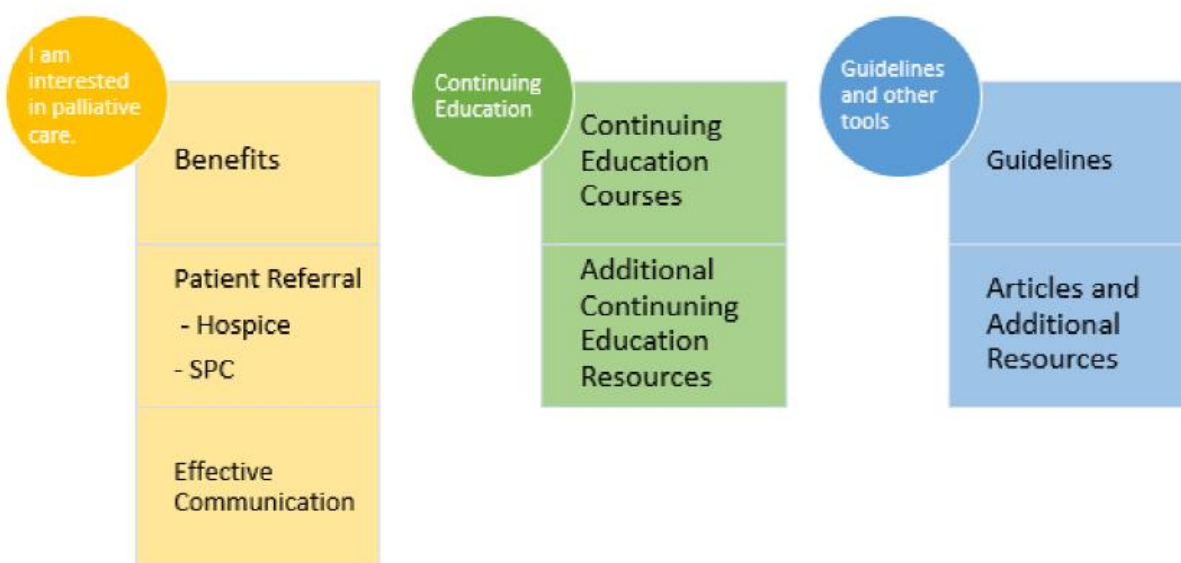
palliative care providers has been brought to the attention of the Texas Legislature. The council hopes to shed light on the importance of expanding palliative care services and training providers so that all Texans are able to have access to quality care.

For more information about the PCIAC and recent reports to the Texas Legislature, visit [PCIAC](#).

Where can I learn more about palliative care services?

(This section would be a Phase 3 item and would not appear in the next round of updates.)

There are various tools and resources that are available to providers of all practicing areas:



I am interested in Palliative Care

Often times the severity of pain and discomfort a patient may experience due to a serious illness can be managed with the support of an interdisciplinary team of health care providers. As a health care provider, working alongside a palliative care team can offer a range of benefits for your patient.

Benefits of Providing Palliative Care

Patients receiving palliative care:

- Experience less pain and other suffering
- Have fewer hospital readmissions
- Often live longer for diagnoses of cancers

- Receive treatments that accommodate their wishes

Those suffering from a serious illness are not the only ones affected by the stress and pain. Family members of patients also take on the demand of finding and providing care.

Benefits of palliative care for family members include:

- Less conflict and emotional distress
- Improved family and patient satisfaction
- Less depression
- Better coping
- Less post-traumatic stress symptoms

Benefits of palliative care for providers include:

- Save time by helping handle extensive patient-family communications, coordination of care across settings, and comprehensive discharge planning
- Helps bedside management of pain and distressful non-pain symptoms of highly symptomatic and complex cases which supports the treatment plan of the attending physician
- Promoting patient and family satisfaction with the clinician's quality of care

What does working in an interdisciplinary team mean?

Having a team of specialized health care providers can make a difference when treating a patient with advanced illness. Being able to collaborate among other professionals and placing the patient at the center of treatment and comfort care is what makes palliative care a special service.

Experts suggest that the following can be incorporated in a palliative care teams:

- Physicians
- Social workers
- Nurses
- Advanced practice providers (Nurse Practitioner or Physician's Assistant)
- Pharmacists
- Chaplains
- Child life specialists

- Family members of the patient
- Other health care providers, such as Respiratory Therapists, Physical Therapists, Occupational Therapists, Psychologists, Nutritionists and Dieticians

Working within an interdisciplinary team also means approaching treatment holistically. Although being able to manage and treat pain and discomfort is an important aspect of palliative care, there are other aspects of health that health care providers should consider:

- Providing emotional and spiritual support
- Keeping open communication with your patient and their family
- Coordinating care among other providers to ensure the best quality of care for the patient

How do I know if my patient qualifies for palliative care services?

Based on the [Get Palliative Care referral criteria for clinicians](#), your patient may qualify for palliative care services from one or more of the following. The referral criteria have been separated into:

- Presence of Serious, Chronic Illness
 - o Weight loss
 - o Multiple hospitalizations
 - o DNR order conflicts
 - o Limited social support and a serious illness (homeless, chronic mental illness, etc.)
 - o Patient or family psychological or spiritual distress
- Intensive Care Unit Criteria
 - o 2 or more ICU admissions within the same hospitalization
 - o Multi-organ failure
 - o Family distress impairing surrogate decision making
 - o Prolonged or difficult ventilator withdrawal
 - o Consideration of patient transfer to a long-term ventilator facility
- Oncology Criteria
 - o Metastatic or locally advanced cancer progressing despite systemic treatments with or without weight loss and functional decline
- Emergency Department Criteria
 - o Multiple recent prior hospitalizations with same symptoms and problems
 - o Long-term-care patient with DNR or CC orders

- Patient previously enrolled in a home or residential hospice program
- Consideration of ICU admission or mechanical ventilation in a patient

A more exhaustive list of the following can be found at [Get Palliative Care](#).

Patient Referral Services for SPC

SPC services may be offered from the first day of a patient's diagnosis. Being able to discuss goals of care is critical. For more information on how to get the conversation started, visit [The Conversation Project](#).

Patient Referral Services for Hospice

Unlike SPC, hospice referral services should be considered when the patient's life expectancy is 6 months or less.

How do I approach my patient and their family about Palliative Care?



<https://youtu.be/7kQ3PUyhmPQ>

Having a conversation about palliative care services can be a challenge depending on the severity of the patient's health. It is important to be able to understand and differentiate the types of services offered when recommending palliative care.

For more information on the types of care that can be offered, visit the HHSC's Palliative Care website.

Follow COMFORT

The acronym COMFORT is an easy way to remember 7 key principles when having conversations with your patient and their families. Developed through the [City of Hope Pain and Palliative Care Resource Center](#), the following acronym can be remembered as:

- C - Communication: Patient-centered and family-focused expectations
- O - Orientation/Opportunity: Importance of health literacy and cultural competency
- M - Mindfulness: Importance of empathy and listening to the patient and family
- F - Family: Gauging family dynamics and needs of the family
- O - Openings: Allowing free and open communication
- R - Relating: Being able to work alongside families
- T - Team: Importance of clinical collaboration

Various publications on COMFORT principles and palliative care communication skills can be found under Section III, Part B on the [City of Hope](#) website.

For more information and tips on having the conversation, download the [NIH's The Palliative Care: Conversations Matter Customizable Tear-off Pad PDF](#). For a form in Spanish, download the [Spanish version](#).

Pediatric Palliative Care

Pediatric Palliative Care (PPC) is a unique area of practice. Unlike adult palliative care, PPC focuses on the quality of life, as well as the developmental stage of the child during times of a serious illness.

PPC can provide various benefits for families and children. [CAPC.org](#) provides a great [Field Guide PDF](#) on the importance of promoting PPC and the resources to promote PPC.

It also takes a special team of health care providers to make sure that a child is comfortable and receiving the best available care.

For more information and guidelines on palliative care visit the [National Consensus Project for Quality Palliative Care's](#) guideline*.

**This website has been discussed by members, but not formally voted on.*